

# Congress of the United States

Washington, DC 20515

January 29, 2026

The Honorable Scott Kupor  
Director  
U.S. Office of Personnel Management  
1900 E Street, NW  
Washington, DC 20415

Dear Director Kupor,

As the Office of Personnel Management (OPM) prepares to issue its next Federal Employees Health Benefits (FEHB) Program Carrier Call Letter, we write to urge OPM to strengthen family-building benefits for the Federal workforce by requiring FEHB plans to cover in vitro fertilization (IVF), providing access to the same coverage for civil servants that Members of Congress, congressional staff, and private-sector employees already have.

518 days ago, on August 29, 2024, then-candidate Donald Trump promised the American people that if they returned him to the White House:

***“Under the Trump administration, we are going to be paying for [IVF] that treatment. Or we’re going to be mandating that the insurance company pay.”***

And just in case there was any misunderstanding, then-candidate Trump explicitly promised the American people that IVF would be FREE if he was elected to a second term:

***“Your government will pay for, or your insurance company will be mandated to pay for, ALL COSTS ASSOCIATED WITH IVF TREATMENT [emphasis added].”***

Many everyday Americans struggling with the painful challenge of infertility and unable to afford IVF believed Donald Trump. They cast their ballots to return him to office with the explicit expectation that, during his second term, President Trump would make the Federal Government or private insurance companies pay for “all costs associated with IVF treatment” For example, Ryleigh Cooper, a 24-year-old U.S. Forest Service employee in rural Michigan, told *The Washington Post* that she and her husband were trying to get pregnant, that her doctor said IVF might be their best chance, and that Trump had promised to make IVF free. That is what she thought about in the voting booth when she cast her vote for President Trump. Soon after, Ms. Cooper learned she was likely to be among the probationary Forest Service workers being fired—resulting in the loss of her health insurance and paid maternity leave—even as she was confronting the reality that so many American families face: IVF was her only viable path to parenthood, but it was financially out of reach without coverage.

One year into the second term of the Trump administration, President Trump has folded in the face of those opposed to IVF, fulfilling their prediction that President Trump’s campaign promise to make IVF free for every American was nothing more than a cynical, deceptive lie. While we continue to call on President Trump to fulfill his campaign promise, we recognize the harsh reality that with each passing day, the chance of him keeping his promise to the American

people that, “Your government will pay for, or your insurance company will be mandated to pay for, all costs associated with IVF treatment,” rapidly approaches 0 percent. Despite this failure to date, OPM can still make meaningful progress towards making IVF more affordable for families across the country.

The United States Government administers our Nation’s largest employer-sponsored health insurance program, covering approximately 8.2 million people. With enrollees in virtually every county in the United States, FEHB is a significant player in many local health insurance markets. Since most major insurance carriers and prominent statewide or regional health maintenance organizations (HMOs) offer FEHB plans, policy developments within FEHB have market-setting influence for the wider commercial insurance marketplace. Accordingly, if OPM establishes a clear FEHB-wide requirement for meaningful IVF coverage, that policy signal is likely to accelerate voluntary benefit changes by participating carriers outside FEHB as well, helping normalize IVF coverage and expanding access for millions more Americans.

Over the past several plan years, OPM’s leadership has helped secure baseline fertility protections across the Program and spurred expanded IVF options, including requirements for coverage of artificial insemination and associated drugs and a requirement that all FEHB carriers cover IVF-related drugs for three cycles annually, with a growing number of plans covering IVF services themselves. The latest update for Plan Year 2026 further underscores the expectation that coverage expand. OPM rightfully instructed HMOs with service areas in a State with any IVF coverage mandate that their plans must include benefits that comply with IVF coverage requirements under State law. This incremental progress has been hard won by devoted Members of Congress and the dedicated federal employees in the FEHB office.

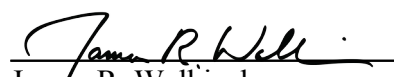
The timing has never been better to aggressively expand IVF coverage mandates across FEHB. Since many FEHB carriers also offer plans through the DC Health Link (the DC SHOP exchange), these insurance carriers have already invested time and resources improving their plan designs to comply with the DC Health Link’s excellent IVF benchmark requirements. This recent experience dramatically reduces administrative burden, and if OPM wisely models its IVF coverage mandate on the DC Health Link benchmark, it would be relatively simple for FEHB carriers to extend their existing DC Health Link plan designs to their FEHB plans.

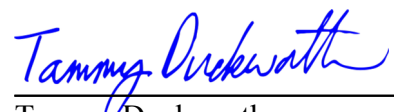
By requiring FEHB carriers to replicate their existing DC Health Link IVF coverage in their FEHB plans, OPM would ensure that dedicated civil servants receive the same IVF benefits that Members of Congress and congressional staff already enjoy. DC law now requires DC individual and group plans to cover infertility diagnosis and treatment including IVF, with a minimum standard that includes at least three complete oocyte retrievals, unlimited embryo transfers from those retrievals, and protections against discriminatory cost-sharing or arbitrary limitations unique to infertility care.

The bottom line is that OPM setting FEHB’s required IVF benefit at an identical or equivalent level to the DC Health Link IVF benefit requirements would bring fairness to the Federal workforce; strengthen recruitment and retention; and provide clarity, consistency, and improved IVF access across FEHB. That is why we strongly urge OPM to include a strong requirement in

its upcoming Carrier Call Letter that requires FEHB carriers provide IVF coverage that is at least equivalent to what those carriers offer Members of Congress and congressional staff.

Sincerely,

  
James R. Walkinshaw  
Member of Congress

  
Tammy Duckworth  
United States Senator